

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVS517HHA	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2009
NAME OF PROVIDER OR SUPPLIER CARING NURSES INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2968 EAST RUSSELL ROAD LAS VEGAS, NV 89120		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
H 00	<p>INITIAL COMMENTS</p> <p>Surveyor: 26251 This Statement of Deficiencies was generated as a result of complaint investigation conducted at your agency on September 24, 2009, in accordance with Nevada Administrative Code, Chapter 449, Home Health Agencies.</p> <p>Complaint #NV00022815 was unsubstantiated with unrelated deficiencies cited (See Tag H 195 and Tag H 200).</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state or local laws.</p> <p>The following deficiencies were identified:</p>	H 00		
H195 SS=F	<p>449.800 Medical Orders</p> <p>2. Initial medical orders, renewals and changes of orders for skilled nursing and other therapeutic services submitted by telephone must be recorded before they are carried out All medical orders must bear the signature of the physician who initiated the order within 20 working days after receipt of the oral order. This Regulation is not met as evidenced by: Surveyor: 26251 Based on record review, the agency failed to provide physician orders signed within 20 working days for 3 of 3 patients (Patient #1, #2, and #3).</p> <p>1. The plans of care for all three above patients lacked physician signatures within 20 working days.</p>	H195		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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H195	Continued From page 1 2. Patient #3's file contained five unsigned physician orders from July 2009. Severity: 1 Scope: 3	H195			
H200 SS=E	449.800 Medical Orders 8. New orders are required when there is a change in orders, a change of physician or following hospitalization. This Regulation is not met as evidenced by: Surveyor: 26251 Based on clinical record review, the agency failed to obtain new orders for changes made to the plan of care for 1 of 3 patients sampled (Patient #1). 1. Patient #1's plan of care indicated skilled nurse visits every three days starting 7/23/09, and the skilled nurse documented visits on 7/23/09, 7/26/09, and 7/29/09. 2. The agency indicated the patient fired its services between 08/02/09 and 8/03/09. 3. Patient #1's file lacked documented evidence of a skilled nurse visit on 8/01/09. Severity: 2 Scope: 2	H200			

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.